CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

1354345

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

#### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🗌 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW					
	Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:	·				
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Committee Describe	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Location of had disposal influence offsite.				
GSW Permit #:	Operator Name:				
<u> </u>	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	County: Permit #:				

#### **AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I I II Approved by: Date:				



# 

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in preint final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-log	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			n (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-c			on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD	I	1	
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Protect Casing Plug Back TD	тор вошот						
Plug Off Zone							
	otal base fluid of the hydra	n this well? aulic fracturing treatment ex submitted to the chemical c		Yes ? Yes Yes	No (If No, ski)	o questions 2 and properties of question 3) out Page Three	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type			Acid, Fracture, Shot, Cement Squeeze Record				
	Specify Footage of Each Interval Perforated Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth			
	9:						
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
			AETHOR OF COME	TION		DD 00/1071	AN INTERVAL
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:  Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled					IN IN I ERVAL:		
(If vented, Sub		Other (Specify)	(Submit A		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	River Rock Operating, LLC
Well Name	TAYLOR,WAYNE L. 1-2
Doc ID	1354345

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	10	8.625	55	22	Portland	4	100
Production	7.875	5.5	15	1125	Class A	180	10

## **Summary of Changes**

Lease Name and Number: TAYLOR, WAYNE L. 1-2

API/Permit #: 15-133-27780-00-01

Doc ID: 1354345

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
API	15-133-27780-00-00	15-133-27780-00-01
Approved Date	01/03/2017	05/04/2017